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28381 7590 02/11/2004

ARNOLD & PORTER  
 IP DOCKETING DEPARTMENT; RM 1126(b)  
 555 12TH STREET, N.W.  
 WASHINGTON, DC 20004-1206



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/591,279	06/09/2000	Katayoon Dehesh	15597/01/US	3330

TITLE OF INVENTION: ENGINEERING B-KETOACYL ACP SYNTHASE FOR NOVEL SUBSTRATE SPECIFICITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	05/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEADMAN, DAVID J	1652	435-134000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Thomas McBride  
 2 Arnold & Porter LLP  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Calgene LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Davis, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2387 (enclose an extra copy of this form).

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(Authorized Signature) Kristan L. Lansbery (Date) 5-11-2004  
 Kristan L. Lansbery (Reg. Agent No. 53,183)

05/12/2004 WABRHAM2 00000193 502387 09591279

01 FC:1501 1330.00 DA  
 02 FC:8001 30.00 DA

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